

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025780

FILED
Feb 11, 2004
Secretary of State

Entity Name: AMERISTEEL BRIGHT BAR, INC.

Current Principal Place of Business:

5100 W LEMON STREET
SUITE 312
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5100 W LEMON STREET
SUITE 312
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3708693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPDS () Delete
Name: LANDA, TOM J
Address: 5100 W LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: PCEO () Delete
Name: HIGLEY, STEPHEN S
Address: 555 COLLINS RD.
City-St-Zip: ORVILLE, OH 44667

Title: VP () Delete
Name: LENHART, GARY E
Address: 555 COLLINS RD.
City-St-Zip: ORVILLE, OH 44667

Title: VPT () Delete
Name: SEARS, JOHN W
Address: 555 COLLINS RD.
City-St-Zip: ORVILLE, OH 44667

Title: C () Delete
Name: POWELL, ROBERT E
Address: 5100 W. LEMON ST.
City-St-Zip: TAMPA, FL 33609

Title: C () Delete
Name: CASEY, PHILIP E
Address: 5100W. LEMON ST.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM J. LANDA

VP

02/11/2004

Electronic Signature of Signing Officer or Director

_____ Date